

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance notices and notification of maintenance fees will be mailed to the current correspondence address, as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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PERKINS COLE LLP

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**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being e-filed in PAIR.

Stephanie Olson	(Agent for a Name)
<i>Stephanie Olson</i>	(Signature)
2/1/11	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY Docket NO.	CONFIRMATION NO.
10/653,559	09/02/2005	Ronald F. Rukowski	406788021/8	3217

**TITLE OF INVENTION:** METHOD AND APPARATUS FOR LED CALIBRATION SYSTEM

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE PAID
Non-Provisional	Yes	\$755.00	\$100.00	\$1,055.00	03/22/2011
EXAMINER	ART UNIT	CLASS/SUBCLASS			
R. Amadi	2629				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.343).	2. For printing on the patent from page, line (1) the names of up to 3 registered attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is filed, no name will be printed.	1. Perkins Cole LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2.
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>		3.

**(C) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Freedom Imaging, Inc.

Durham, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

3a. The following fee(s) are enclosed

4b. Payment of Fee(s):

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order of Copies 2

- ☐ A check in the amount of the fee(s) is enclosed
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- ☒ The Director is hereby authorized to charge any deficiencies, or credit any overpayment, to Deposit Account Number 59-0665

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Aaron J. Polodna

Date 2/1/11

Type or printed name

Registration No. 54,675